

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	22/11/2018 11:25
Date Of Accident	21/11/2018 22:00
Exact Location Of Accident	STADIUM WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3152G
Insured/Policyholder	
Name Of Registered Owner	TAN HOCK KENG
NRIC No	S7718346I
Email Address	SNAGDUDE77@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96449577
Alternative Phone No	OTHERS-96449577

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN883002
Cover Note Number	

Driver

Name of Driver	TAN HOCK KENG
NRIC No	S7718346I
Date Of Birth	05/07/1977
Occupation	INDOOR
Date Of Driving Pass	11/11/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96449577
Fax Number	
Contact Number	OTHERS-96449577
EMail Address	SNAGDUDE77@HOTMAIL.COM

Address	503 SEMBAWANG ROAD #02-28
Postcode	757707
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PAX 1 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDK28R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH ZUO FU
NRIC/Passport Number	S9427141Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

1. Please report correctly the details of the accident in speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the BIA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application to interested parties.
7. By the submission of this report to the insurers, you are not intended to be inhibiting of the report to the Centre and to ensure that the report being made available is forwarded.
8. Consent under the Personal Data Protection Act (PDPA)

27/11/18

Sketch Plan #2

SKETCH PLAN

SKETCH PLAN

Vehicle
 A - SLX3152G
 B - 3DR28R

Legend

Vehicle: A rectangle with a triangle on top.
 Motorcycle: A vertical oval shape.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Stadium Walk when CAR B hit me
my car from the back.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____

Date & Time

Driver's Signature

(if prover is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name _____

SHRIMP-FAHMS